



Chapter Application

INSTRUCTIONS: Thanks for your interest in starting an ULTRA Teen Choice Chapter!
Please return this completed application and required attachments along with the signature sheet from your ULTRA Teen Choice Chapter Agreement within 2 weeks to: ULTRA Teen Choice, PO Box 48608, Washington, DC 20002

A. General Information

Name _____ Date _____ Date of Birth _____

Address: _____ Drivers License # _____

_____ Social Security # _____

City _____ State: _____ Zip Code: _____

Home Phone _____ Work Phone _____

Fax Number _____ Cell Phone _____

Best time to call _____ Email _____

Which phone number will be your primary ULTRA Teen Choice contact number? _____

Photograph & Driver's License: *Please attach a recent photo of yourself AND a copy of your driver's license for our files. These may also be emailed richardurban@ultrateenchoice.org*

B. Local ULTRA Teen Choice Team Please find at least 2 people to assist you. These can include your spouse, other family members and friends.
Please list at least two team members who have agreed to help you below.

Name	Phone
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- 1.
- 2.

C. References

Included with this application are personal reference forms to be given to three people to complete and return directly to ULTRA Teen Choice. Two of these must be people who are not related to you or your team members. We recommend using references that are familiar with your spiritual, professional and personal character such as your employer, neighbors, minister, etc. Please list the references that you have given the forms to below.

Name	Phone	Address
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- 1.
- 2.
- 3.

D. General Information

1. How did you learn about the ULTRA Teen Choice program?
 2. Please list any previous abstinence education, community service, mentoring or other relevant experience.
 3. Why do you feel motivated to begin ULTRA Teen Choice in your area?
 4. What geographic area will the local ULTRA Teen Choice Chapter serve initially?
 5. What would you suggest as a name for the local ULTRA Teen Choice Chapter? Examples are “Northwest ULTRA Teen Choice Chapter”, “Washington State ULTRA Teen Choice Chapter”, or “Rising Star Baptist Church Chapter”.
 6. Please list the hobbies and interests as well as other organizations, clubs or religious groups that your group members may be a part of below.
 7. Do you have a computer? **Place an X:**

YES	NO
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 8. Do you have access to the Internet? **Place an X:**

YES	NO
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- For Chapters in Need of Financial Assistance:** Servants Without Borders is providing financial support to assist selected start-up Chapters in need of financial assistance with the purchase of your Ultra Teen Choice Chapter Start Up Kit (\$295) and one day training (\$250).
9. Are you in need of financial assistance to start-up your Chapter? How much support will you need?
 10. Will you have the necessary financial support to continue running the Chapter after it has started?

11. Would you be willing to participate in a quarterly evaluation of your Chapter by completing an evaluation form and participating in at least four site visits (January 1, April 1, July 1 and October 1)? The evaluations and site visits will help us better serve you and the community.

12. If selected by Servants Without Borders for financial assistance, you will be required to participate in an one day training, complete at least four evaluations, participate in four site visits, keep accurate records of the students' participation and involvement in the chapter and successfully operate a Chapter for at least one year. Please identify any problems you may have with complying with these terms?

13. Please tell Servants Without Borders in a 100 words or less why you should be selected for financial assistance to start up your Chapter.

E. Signature

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature _____ **Date** _____